Blame Mattel: Barbie's bust is surgical boon

By JAMIE TALAN
Newsday

In the Victorian era, breasts were tucked proudly into corsets, creating the hourglass shape of the period. By the 1920s — the age of the flapper — the breast was merely an annoyance, something to be taped flat against the chest.

Twenty-five years later, brassieres were stuffed with cotton or pads or anything that would make the bust line fuller. In the 1960s fashion models like Twiggy again set the stage for a stick-shaped figure.

Today, large breasts are again in fashion. "Society is obsessed with breasts," said Dana Raphael, director of the human-lactation center in Westport, Conn. Raphael, an anthropologist and expert on breast-feeding trends, was called to testify during the indecent-exposure trial Sept. 17 of the Topfree Seven, the Rochester women who bared their breasts in public early this summer.

At the trial, Melissa Farley, a University of Iowa psychologist, used the famed Barbie doll, whose human proportions would be 39-24-31, as evidence that girls are raised with expectations for their bodies that are impossible to achieve. Women starve themselves, suffer psychological problems and even undergo major surgery because they do not match such unrealistic images, Farley said.

Psychologists say fluctuations in body images affect how men and women relate, and how women feel about themselves. There is a tremendous pressure for women to look beautiful.

BARBIE'S CREATORS might think that men are attracted to large-breasted women, though therapists are hard pressed to say exactly why. In turn, women may feel that they should accommodate their mates, even if it comes to surgical improvements like facelifts, nose jobs and the latest craze — breast augmentation. Since the technology has been available to enlarge or reduce them, a surprisingly large number of women have opted to alter the shape of their breasts.

Breast augmentation — enlarging the breasts with silicone implants — has become the No. 1 form of cosmetic surgery. In 1984 alone, 95,000 women nationwide chose to enlarge their breast size. About 1 million such procedures have been done since the first implant almost two decades ago.

A number of studies have been conducted to determine just what these women have in common and what factors led to the decision to have surgery. According to Dr. Laurie Stevens, a psychiatrist who counsels women before breast surgery at Columbia Presbyterian Medical Center in New York, women who undergo augmentation mammoplasty tend to be young, married mothers.

In interviews with these women, Stevens found that many complained of marital problems, which, she said, may have brought about the initial thought of increasing their bust size. Some patients, she said, told of husbands who were withdrawing from sex, and the women typically assumed that larger breasts would rekindle any lost interest in sex.

The majority of the women she has counseled arrived at their decision after having and nursing children; their breasts had lost tissue and, disturbed by their altered body, they wanted to regain their former breast shape.

Dr. Gary S. Brody, clinical professor of plastic surgery at the University of Southern California, has also spoken with women who say they want to feel sexier and enhance their self-esteem.

KAREN, A 28-YEAR-OLD mother of two, typifies the breast-augmentation patient. She had been flat-chested all her life and thought she would feel more feminine with larger breasts. She decided to have her breasts surgically enlarged. Her husband, she said, knew it was something she had always wanted to do. "I always wore a padded bra," she said, saying the surgery was the best thing she had ever done for herself.

Jennifer, a mother of three from Garden City, N.Y., experienced tissue loss after nursing her children. She liked the fullness of her breasts during nursing and decided to regain that form.

According to Dr. Robert M. Goldwyn, clinical professor of surgery at Harvard Medical School and head of the plastic-surgery division at Beth Israel Hospital, the surgery is primarily done on an outpatient basis under a local anesthetic. A one-inch incision is made either under the breast, under the armpit or around

Please turn to page 5C

The bust is back

From page 1C

the circle of the areola, the pigmented area around the nipple. The implant, made of a synthetic rubber-like material called silicone, is inserted beneath the breast or under the muscle, depending on the surgeon's preference.

The procedure, which costs anywhere from $2,000 to $4,000, takes one to two hours. Stitches are removed 10 days later.

Dr. Norman M. Cole, a clinical associate professor of plastic surgery at the University of Louisville in Kentucky, said this procedure carries the same risks as any surgery: bleeding, swelling, infection, a possible negative reaction to anesthesia.

Of particular concern in breast augmentation is scarring — the healing of the surgical wounds. Scars also form around the implant itself. If the scar contracts, or becomes thicker, the implant no longer remains supple and may result in abnormal firmness. This problem, according to Goldwyn, occurs in about 30 percent of the cases. About 10 to 15 percent of the patients may need to undergo a second operation to cut the scars away.

The implant, a non-biological material, can also break or leak or react poorly with the surrounding breast tissue. These problems can be corrected through additional surgery.

Some physicians still worry that the implants might predispose women to breast cancer. Studies have never confirmed this. In fact, a new study suggests that women who had implants by age 40 have less risk of cancer than others of the same age with no implants. Brody, who led the study of 3,500 women, does not know why this occurred.

Another popular cosmetic procedure is mastopexy, or breastlift.

According to Dr. Alan Gold of the Long Island Plastic Surgical Group in Mineola, N.Y., mastopexy involves simply repositioning the nipple and removing excess sagging breast tissue. This proce-
dure makes the breast firmer